



POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by Hq)
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4 | ~~SECRET~~ BY HQ
TND065833543

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME SAAD OIL COMPANY		B. STREET (or other identifier) TROUSDALE DRIVE 36611	
C. CITY NASHVILLE		D. STATE TN	E. ZIP CODE DAVIDSON
G. SITE OPERATOR INFORMATION			
1. NAME John Saad		2. TELEPHONE NUMBER	
3. STREET 3655 Trousdale Dr.	4. CITY NASHVILLE	5. STATE TN	6. ZIP CODE 37204
H. REALTY OWNER INFORMATION (if different from operator of site)			
1. NAME		2. TELEPHONE NUMBER	
3. CITY	4. STATE	5. ZIP CODE	
I. SITE DESCRIPTION			
J. TYPE OF OWNERSHIP			
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE			

II. TENTATIVE DISPOSITION *(complete this section last)*

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM
	<input checked="" type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE

C. PREPARER INFORMATION

1. NAME FRED Strong	2. TELEPHONE NUMBER 881-3931	3. DATE (mo., day, & yr.) 8/27/82
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III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION	
1. NAME BARRY SACKIN	2. TITLE Environmental Engineer
3. ORGANIZATION TN. DEPT. OF PUBLIC HEALTH, WATER QUALITY DIVISION	4. TELEPHONE NO. (area code & no.) 615/741-7391

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

[illegible]

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IV. SAMPLING INFORMATION (continued)

PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☒ b. AERIAL

2. PHOTOS IN CUSTODY OF:

FRED STROUD

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: EPA, Region IV, ERR-B

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO ☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

1

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify):
CONCRETE BLOCK BLDG

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL		<input type="checkbox"/> 1. PILE		<input type="checkbox"/> 1. FILTRATION		<input type="checkbox"/> 1. LANDFILL	
<input type="checkbox"/> 2. SHIP		<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT		<input type="checkbox"/> 2. INCINERATION		<input type="checkbox"/> 2. LANDFARM	
<input type="checkbox"/> 3. BARGE		<input type="checkbox"/> 3. DRUMS		<input type="checkbox"/> 3. VOLUME REDUCTION		<input type="checkbox"/> 3. OPEN DUMP	
<input checked="" type="checkbox"/> 4. TRUCK		<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND		<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY		<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT	
<input type="checkbox"/> 5. PIPELINE		<input type="checkbox"/> 5. TANK, BELOW GROUND		<input type="checkbox"/> 5. CHEM./PHYS./TREATMENT		<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING	
<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. BIOLOGICAL TREATMENT		<input type="checkbox"/> 6. INCINERATION	
				<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING		<input type="checkbox"/> 7. UNDERGROUND INJECTION	
				<input type="checkbox"/> 8. SOLVENT RECOVERY		<input type="checkbox"/> 8. OTHER (specify):	
				<input type="checkbox"/> 9. OTHER (specify):			
				TAKES IN CHEMICALS ALSO - UNKNOWN DISPOSITION.			

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☒ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE
☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☒ 9. OTHER (specify): WASTES STILL BEING ANALYZED

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

UNKNOWN

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VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☒ D. CONTAMINATION OF WATER SUPPLY*Possible hazard*☐ E. CONTAMINATION OF FOOD CHAIN☒ F. CONTAMINATION OF GROUND WATER*Possible hazard*☒ G. CONTAMINATION OF SURFACE WATER*Possible hazard*

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VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

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X. WATER AND HYDROLOGICAL DATA (continued)**H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE**

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER(specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☒ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☒ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER**XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED**

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)**G. RECHARGE AREA**☒ 1. YES☐ 2. NO

3. COMMENTS:

H. DISCHARGE AREA☐ 1. YES☐ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA